

# Show-Me Muskie Project Enrollment Form



Angler's Name (please print) \_\_\_\_\_

Mailing Address (and zip) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

How would you rate your current muskie fishing proficiency and experience? (check one)

Note: It is difficult for some of us to "categorize" ourselves, but it is very important that you honestly select the choice which is closest to describing you at this point in time.

- A. Highly skilled and very experienced
- B. Moderately skilled with "some" or "lots" of experience
- C. Relatively unskilled, or inexperienced, or both

Are you a Muskies, Inc. member? (check one)      YES      NO

If not, would you like to be contacted by Muskies, Inc.? (check one)      YES      NO

Please return to:

Mike Anderson, Muskellunge Program Coordinator  
Missouri Department of Conservation  
3500 S Baltimore  
Kirksville, MO 63501  
(660) 785-2424 x6536  
[Michael.Anderson@mdc.mo.gov](mailto:Michael.Anderson@mdc.mo.gov)